



State Of Arizona

Agency WEB Page Account Request Form

All Agencies requesting to develop and maintain Web page content must complete and return this application to the ADOA-ISD Information Security Administrator (AIS). **When completed FAX to 602 542.0095.** If further information or assistance is needed, please call 542-4357 or 542-HELP. **NOTE:** Due to the dynamic nature of the Internet, this form, associated policies and standards are subject to change without notice.

Agency Name: _____ Agency PON: _____

Web Server Domain Name: _____

Agency Network (IP) Address: _____

Agency's Physical Address _____

Agency WEB Master: _____ E-Mail: _____
(Please Print)

Employee Name: _____ E-Mail: _____
(Please Print)

Type of request: (please check request type)

WEB SITE	NEW	<input type="checkbox"/>	UPDATE	<input type="checkbox"/>	REMOVE	<input type="checkbox"/>
WEB MASTER	NEW	<input type="checkbox"/>	UPDATE	<input type="checkbox"/>	REMOVE	<input type="checkbox"/>
CONTENT PROVIDER	NEW	<input type="checkbox"/>	UPDATE	<input type="checkbox"/>	REMOVE	<input type="checkbox"/>
OTHER (SPECIFY) _____	NEW	<input type="checkbox"/>	UPDATE	<input type="checkbox"/>	REMOVE	<input type="checkbox"/>

Content Description: (Describe the activities you expect to include in your Web page(s))

Agreement

By signing this form, the applicant agrees to the following terms and conditions:

- ✚ Applicant's agency approves the use of the Web for supplying agency information and/or services.
- ✚ Applicant agrees to uphold and enforce the State's IT Policies and Standards.
- ✚ Applicant understands that ADOA has the right to terminate Web site services if the applicant violates the State's IT Policies and Standards.
- ✚ ADOA will not be held responsible for Web content created and/or maintained by applicant.

Employee Signature	Signature	Date:
Agency Authorizing Manager	Print Name	Phone No.:
Agency Authorizing Manager	Signature	Date:

When completed FAX to 602 542.0095

For ADOA/ISD/AIS Administrative Use Only

Request Received _____ Completed _____ Approved/Denied (Circle One)
Date Date